

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Republican Party of Wisconsin

ADDRESS (number and street)

148 East Johnson Street

☐ Check if different than previously reported. (ACC)

Madison

WI

53703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00074450

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mike Jones

Signature of Treasurer

Mike Jones

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div><div></div><div>1152918.89</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>1172873.82</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>342458.94</div></div>	<div><div></div><div>1835686.74</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>1515332.76</div></div>	<div><div></div><div>2988605.63</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>387857.10</div></div>	<div><div></div><div>1861129.97</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>1127475.66</div></div>	<div><div></div><div>1127475.66</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Republican Party of Wisconsin

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 06 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

90456.50

573040.00

(ii) Unitemized

162766.00

884610.06

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

253222.50

1457650.06

(b) Political Party Committees

80550.00

295800.00

(c) Other Political Committees

(such as PACs).....

8000.00

73300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

341772.50

1826750.06

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

686.44

3704.27

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5232.41

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

342458.94

1835686.74

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

342458.94

1835686.74

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	249012.58	1087954.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	249012.58	1087954.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	111072.55
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	138844.52	662102.73
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	138844.52	662102.73
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	387857.10	1861129.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	387857.10	1861129.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	341772.50	1826750.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	341772.50	1826750.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	249012.58	1087954.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	686.44	3704.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	248326.14	1084250.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JANET ALFONSO

Mailing Address 6402 SHARPSBURG DRIVE

City
MADISONState
WIZip Code
53718-3160FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919372

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CHARLES ALLEN

Mailing Address 156 WOODSTOCK AVENUE

City
KENILWORTHState
ILZip Code
60043-1235FEC ID number of contributing
federal political committee.

C

Name of Employer

SLOAN VALVE COMPANY

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.920969

Amount of Each Receipt this Period

450.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RALPH W. ANDERSON

Mailing Address 4469 SUMMIT RIDGE ROAD

City
COLUMBUSState
OHZip Code
43220-2248FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11.921185

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. KEVIN HAYS BAINES

Mailing Address 457 S. MARENGO AVE, UNIT 21

City State Zip Code
PASADENA CA 91101-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer

JPL/CALTECH

Occupation

RESEARCH SCIENTISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.920235

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. HARVEY ALLEN BAIRD

Mailing Address 216 GRANDVIEW DRIVE

City State Zip Code
HUDSON WI 54016-5812

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

NURSE ANESTHETIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.924052

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOHNNY BAKER

Mailing Address 9121 ELIZABETH ROAD

City State Zip Code
HOUSTON TX 77055-6407

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11.920337

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JEANNE S. BARNES

Mailing Address 165 CHRISTOPHER STREET APT 6 CC
 APT 6 CC

City State Zip Code
 NEW YORK NY 10014-2803

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11.920344

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN A. BAST

Mailing Address 1608 MORNING GLORY DR

City State Zip Code
 HARTFORD WI 53027-9100

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922850

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMES R. BECKER

Mailing Address 5830 N SUNNY POINT ROAD

City State Zip Code
 MILWAUKEE WI 53209-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11.922447

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THOMAS R. BERRYMAN

Mailing Address P.O. BOX 665

City
ASHLAND

State Zip Code
KS 67831-0665

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.921022

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TIMOTHY J. BITTERS

Mailing Address 5929 W WASHINGTON BOULEVARD APT 2

City
MILWAUKEE

State Zip Code
WI 53208-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIM BITTERS PROPERTY MANAGEMENT
COMPAN

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.922278

Amount of Each Receipt this Period

65.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NEIL BLOCK

Mailing Address 86 E 12TH ST

City
CLINTONVILLE

State Zip Code
WI 54929-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.922750

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SUSAN BOELTER

Mailing Address W2470 COUNTY ROAD AW

City

RANDOLPH

State

WI

Zip Code

53956-9320

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919332

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN A. BOSTROM

Mailing Address 1516 WILSON AVENUE

City

MENOMONIE

State

WI

Zip Code

54751-2968

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.923216

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BOYD K. BRESNAHAN

Mailing Address 545 ELM GROVE ROAD APT 4

City

ELM GROVE

State

WI

Zip Code

53122-2543

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.922247

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ROBERT BROOKER JR.

Mailing Address 175 SCHOOL STREET

City

MANCHESTER

State

MA

Zip Code

01944-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919551

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DEAN BROWN

Mailing Address P.O. BOX 611

City

FORT ATKINSON

State

WI

Zip Code

53538-0611

FEC ID number of contributing
federal political committee.

C

Name of Employer

D A BROWN INSURANCE SERVICES

Occupation

INSURANCE SALES

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.922059

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMES BUBLITZ

Mailing Address 214 1/2 S MAIN ST

City

REESEVILLE

State

WI

Zip Code

53579-9667

FEC ID number of contributing
federal political committee.

C

Name of Employer

RUNDLE DABLE BRISH

Occupation

FUNERAL DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.924764

Amount of Each Receipt this Period

70.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1270.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. W BUCKTHAL

Mailing Address 900 S LINCOLN STREET

City

AMARILLO

State

TX

Zip Code

79101-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919584

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM W. BUDGE

Mailing Address 65 DOWNEY WAY

City

HILLSBOROUGH

State

CA

Zip Code

94010-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919413

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FRANK J. BYERS

Mailing Address BOX - 221

City

RICHWOOD

State

NJ

Zip Code

08074-0221

FEC ID number of contributing
federal political committee.

C

Name of Employer

BYERS ELECTRICAL CONSTRUCTION, LLC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2014

Transaction ID : SA11.920301

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARTHA CASTEEL

Mailing Address 62511 LOCUST RD

City

SOUTH BEND

State

IN

Zip Code

46614-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922928

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARTHA CASTEEL

Mailing Address 62511 LOCUST RD

City

SOUTH BEND

State

IN

Zip Code

46614-9200

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922929

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARY JEANNE CENSKY

Mailing Address 1626 S 18TH STREET

City

MANITOWOC

State

WI

Zip Code

54220-6059

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922635

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN CERVIN

Mailing Address 815A HILLTOP AVE. EXTENSION

City

ABINGDON

State

MD

Zip Code

21009-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.920593

Amount of Each Receipt this Period

45.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN CERVIN

Mailing Address 815A HILLTOP AVE. EXTENSION

City

ABINGDON

State

MD

Zip Code

21009-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.924975

Amount of Each Receipt this Period

45.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RUTH S. CHAMBERS

Mailing Address 7010 WILDGROVE AVENUE

City

DALLAS

State

TX

Zip Code

75214-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALTON MANAGEMENT CORPORATION

Occupation

REAL ESTATE INESTMENTS

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.924954

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DICEY S. CHILDERS

Mailing Address 8517 JOY ROAD

City

BLOUNTSVILLE

State

AL

Zip Code

35031-4489

FEC ID number of contributing
federal political committee.

C

Name of Employer

CELEBRATION BOX CHRISTIAN BOOKSTORI

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.923309

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WALTER H. CLAIBORNE III

Mailing Address 14217 CLAIBORNE ROAD

City

BATCHELOR

State

LA

Zip Code

70715-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919580

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. EDWARD CLARKE

Mailing Address 50 LEDGE ROAD APT 127

City

DARIEN

State

CT

Zip Code

06820-4499

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919482

Amount of Each Receipt this Period

220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

470.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. EDWARD CLARKE

Mailing Address 50 LEDGE ROAD APT 127

City State Zip Code
 DARIEN CT 06820-4499

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.923025

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. EDWARD A. CLARK

Mailing Address 138 EDDY LANE

City State Zip Code
 NORTHFIELD IL 60093-3127

FEC ID number of contributing federal political committee.

C

Name of Employer

CASTLE LARK MANAGEMENT

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11.923645

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JON CLUMPNER

Mailing Address 4249 BAY VIEW DRIVE

City State Zip Code
 STURGEON BAY WI 54235-9097

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11.924978

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GORDON CONNOR

Mailing Address 5600 MILL ST

City
LAONAState
WIZip Code
54541-FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.920246

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KAREN E. COWAN

Mailing Address 2680 HUMBOLDT ROAD, APT 1

City
GREEN BAYState
WIZip Code
54311-5768FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.922248

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FRANK J. COYNE JR.

Mailing Address 41 GORWIN DRIVE

City
HANSONState
MAZip Code
02341-1309FEC ID number of contributing
federal political committee.

C

Name of Employer

SHAW'S SUPERMARKET

Occupation

GROCERY CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919773

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FRANK J. COYNE JR.

Mailing Address 41 GORWIN DRIVE

City
HANSON

State
MA

Zip Code
02341-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

SHAW'S SUPERMARKET

Occupation

GROCERY CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922190

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. VERONICA M. CUMMINGS

Mailing Address S42W34721 BIG OAK DRIVE

City

DOUSMAN

State

WI

Zip Code

53118-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.924094

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARILYN B. DAHL

Mailing Address 96 LAKE STREET

City

OSHKOSH

State

WI

Zip Code

54901-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11.919984

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MAUDE F. DAHLBERG

Mailing Address 352 W SKYLINE DRIVE

City

GRANTSBURG

State

WI

Zip Code

54840-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.918935

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DONALD DIEKMAN

Mailing Address P.O. BOX 376

City

EPHRAIM

State

WI

Zip Code

54211-376

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.922242

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHARLES DISHMAN

Mailing Address 2520 ROBINHOOD STREET APT 1407

City

HOUSTON

State

TX

Zip Code

77005-2560

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919494

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MITCHELL DRAKE

Mailing Address 1132 SW 19TH AVENUE UNIT 809

City

PORTLAND

State

OR

Zip Code

97205-1744

FEC ID number of contributing
federal political committee.

C

Name of Employer

PORTLAND STATE UNIVERSITY

Occupation

ASSOCIATE DEAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922125

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BOYD G. DRENNAN

Mailing Address 1180 BRIDLE DRIVE

City

RICHLAND

State

WA

Zip Code

99352-9688

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919827

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BOYD G. DRENNAN

Mailing Address 1180 BRIDLE DRIVE

City

RICHLAND

State

WA

Zip Code

99352-9688

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922312

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THOMAS EWALD

Mailing Address 120 LEGEND WAY

City
WALES

State
WI

Zip Code
53183-9539

FEC ID number of contributing
federal political committee.

C

Name of Employer

EWALD AUTOMOTIVE GROUP

Occupation

AUTO DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11.919982

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RAYMOND FEY

Mailing Address 7604 COUNTY HIGHWAY N

City

CHIPPEWA FALLS

State

WI

Zip Code

54729-5888

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEC

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920748

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERT FISCH

Mailing Address 5455 SHERIDAN RD

City

KENOSHA

State

WI

Zip Code

53140-3734

FEC ID number of contributing
federal political committee.

C

Name of Employer

EYE CARE LLSC

Occupation

OPTOMETRIEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922838

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MATTHEW FOX

Mailing Address 1210 N ASTOR STREET

City
CHICAGO

State Zip Code
IL 60610-5283

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919822

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN J. FRAUTSCHI

Mailing Address 303 LAKEWOOD BOULEVARD

City
MADISON

State Zip Code
WI 53704-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEBCRAFTERS, INC

Occupation

PRINTING EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11.923646

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DAVID GALLIHER

Mailing Address 2500 W BERWYN RD

City
MUNCIE

State Zip Code
IN 47304-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919196

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALONZO GATES II

Mailing Address 785 BURR ROAD

City

SAN ANTONIO

State

TX

Zip Code

78209-6121

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CATTLE RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.921922

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MRS. RUTH ANN GAULKE

Mailing Address N7565 COUNTY ROAD Y

City

WATERTOWN

State

WI

Zip Code

53094-9450

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922214

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARILYN V. GEARHART

Mailing Address P.O. BOX 427

City

WATERVILLE

State

WA

Zip Code

98858-0427

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11.920357

Amount of Each Receipt this Period

440.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3440.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WILLIAM GILLIN

Mailing Address 789 W ARMELLS ROAD

City
FORSYTH

State Zip Code
MT 59327-9471

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922926

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WARREN GOLDMAN

Mailing Address 1273 NORTH AVENUE APT 5 G 5

City
NEW ROCHELLE

State Zip Code
NY 10804-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11.923414

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOHN GOLL

Mailing Address W285N2058 LOUIS CT

City
PEWAUKEE

State Zip Code
WI 53072-5077

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920504

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN GOLL

Mailing Address W285N2058 LOUIS CT

City

PEWAUKEE

State

WI

Zip Code

53072-5077

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.923197

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RICHARD A. GRAHAM

Mailing Address 12725 TAHOSA LN

City

COLORADO SPRINGS

State

CO

Zip Code

80908-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

STORAGE BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.923096

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CARL GROEPLER

Mailing Address 157 RITCHIE DRIVE

City

YONKERS

State

NY

Zip Code

10705-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11.923210

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RAYMOND HACKERT

Mailing Address 221 NORTH BOULEVARD

City

SALISBURY

State

MD

Zip Code

21801-6217

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919423

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LAWRENCE HALL

Mailing Address P.O. BOX 728

City

ELIZABETHTOWN

State

KY

Zip Code

42702-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.918965

Amount of Each Receipt this Period

105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. EDWARD H. HAMM

Mailing Address 243 SOUTH BEACH ROAD

City

HOBE SOUND

State

FL

Zip Code

33455-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACOMA OIL

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919186

Amount of Each Receipt this Period

600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

905.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FRANK HANDLEN

Mailing Address P.O. BOX 210

City

KENNEBUNKPORT

State

ME

Zip Code

04046-0210

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922314

Amount of Each Receipt this Period

75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. AMAPOLA HANSBERGER

Mailing Address 111 CHERRY CREEK CIR

City

WINTER SPRINGS

State

FL

Zip Code

32708-6174

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.921316

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PAUL R. HANSON

Mailing Address 3939 W HIGHLAND BLVD

City

MILWAUKEE

State

WI

Zip Code

53208-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer

MILLER COORS

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920568

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PAUL WILLARD HARTLOFF

Mailing Address 558 VIA TRANQUILA

City State Zip Code
 SANTA BARBARA CA 93110-2228

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11.920263

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TSUKASA HATAKEYAMAMailing Address 285 OXFORD STREET APT 2 B
APT 2 B

City State Zip Code
 ROCHESTER NY 14607-2774

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11.919461

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GIL HAUGAN JR.

Mailing Address 8817 E MAPLE STREET

City State Zip Code
 BRANDON SD 57005-1022

FEC ID number of contributing federal political committee.

C

Name of Employer

GIL HAUGAN CONSTRUCTION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11.919700

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RUTH HEDLUND-BERGGREN

Mailing Address 103 1/2 W COMMERCIAL STREET

City State Zip Code
 APPLETON WI 54911-

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920871

Amount of Each Receipt this Period

400.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. THOMAS R. HEFTY

Mailing Address 14165 SAINT GEORGE COURT

City State Zip Code
 ELM GROVE WI 53122-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919542

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMI HEIDEGGER

Mailing Address 19901 NORTHRIDGE ROAD

City State Zip Code
 CHATSWORTH CA 91311-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

NICOLETTA HOLDING CO.

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.924045

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ARTHUR R. HILSINGER

Mailing Address 8 JACKSON POND RD

City
DEDHAM

State
MA

Zip Code
02026-5524

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.921199

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PETER HOFFMAN

Mailing Address 555 W ADAMS ST

City

BLACK RIVER FALLS

State

WI

Zip Code

54615-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920505

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMES HRUSKA

Mailing Address 9021 S 83RD COURT

City

HICKORY HILLS

State

IL

Zip Code

60457-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919772

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MIRIAM HUTH

Mailing Address 475 FOURTH FAIRWAY DRIVE

City State Zip Code
 ROSWELL GA 30076-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922030

Amount of Each Receipt this Period

260.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GEORGE C. HUTTER

Mailing Address 1500 WESTBROOK COURT APT 3133

City State Zip Code
 RICHMOND VA 23227-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11.919990

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GEORGE C. HUTTER

Mailing Address 1500 WESTBROOK COURT APT 3133

City State Zip Code
 RICHMOND VA 23227-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.923235

Amount of Each Receipt this Period

45.00

CONTRIBUTION

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TOTAL This Period (last page this line number only)..... ►

405.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RAYMOND JAST

Mailing Address 8466 MILLER RD

City
VERONA

State
WI

Zip Code
53593-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer

WILSON ELSEY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922203

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEPHAN JENSEN

Mailing Address P.O. BOX 303

City

WAUNAKEE

State

WI

Zip Code

53597-303

FEC ID number of contributing
federal political committee.

C

Name of Employer

OWENS AND MINOR

Occupation

DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11.923681

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WILLIAM V. JEWELL

Mailing Address 11370 LAKESHORE DEIVE

City

PLEASANT PRAIRIE

State

WI

Zip Code

53158-

FEC ID number of contributing
federal political committee.

C

Name of Employer

GOHF

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919382

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHARLES JOHNSON

Mailing Address 703 ISLAND DRIVE

City

PALM BEACH

State

FL

Zip Code

33480-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11.923079

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LOLITA M. KACHEL

Mailing Address 2503 INDIAN MOUND PARKWAY

City

WHITEWATER

State

WI

Zip Code

53190-

FEC ID number of contributing
federal political committee.

C

Name of Employer

DLK ENTERPRISES, INC

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11.923323

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GERALD JOHN KAISER

Mailing Address P.O. BOX 266

City

TWO RIVERS

State

WI

Zip Code

54241-0266

FEC ID number of contributing
federal political committee.

C

Name of Employer

MANITOWOC FOODSERVICE

Occupation

DIRECTOR PRODUCT & SERVICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2014

Transaction ID : SA11.924765

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10350.00

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LEE KEARNEY

Mailing Address 7611 SE EVERGREEN HIGHWAY

City State Zip Code
 VANCOUVER WA 98664-1721

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 16 / 2014

Transaction ID : SA11.922009

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. THOMAS KEMPNER

Mailing Address 61 BROADWAY

City State Zip Code
 NEW YORK NY 10006-2701

FEC ID number of contributing federal political committee.

C

Name of Employer

LOEB PARTNERS CORPORATION

Occupation

INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 09 / 2014

Transaction ID : SA11.920710

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ALAN KINDT

Mailing Address 434 WOODSIDE DRIVE

City State Zip Code
 CEDARBURG WI 53012-9557

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11.923460

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FRANK KING

Mailing Address 3287 HYDE PARK DRIVE

City

CLEARWATER

State

FL

Zip Code

33761-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11.923185

Amount of Each Receipt this Period

140.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TERRY KNURR

Mailing Address W272S8560 HILLVIEW DR

City

MUKWONAGO

State

WI

Zip Code

53149-9642

FEC ID number of contributing
federal political committee.

C

Name of Employer

KNURR& ASSOC SALES LLC

Occupation

SALES REP

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.924991

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERT J. KUEPPERS

Mailing Address 11 MARSHALL LANE

City

WESTON

State

CT

Zip Code

06883-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

DELOITTE LLP

Occupation

ACCOUNTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.920267

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

490.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. KARL LANGKAMP

Mailing Address 10725 N 151ST EAST AVE

City

OWASSO

State

OK

Zip Code

74055-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer

BP

Occupation

PIPE LINE CONTROL LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11.925032

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RICHARD D. LARSON

Mailing Address 4920 SOUTH LOWES CREEK ROAD

City

EAU CLAIRE

State

WI

Zip Code

54701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2014

Transaction ID : SA11.921225

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RICHARD D. LARSON

Mailing Address 4920 SOUTH LOWES CREEK ROAD

City

EAU CLAIRE

State

WI

Zip Code

54701-9300

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11.923199

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARK LAUFMAN

Mailing Address 317 EVERGLADE DRIVE

City State Zip Code
MADISON WI 53717-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE LAUFMAN BROWN GROUP

Occupation
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11.922528

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ELEANOR D. LEE

Mailing Address 1930 W RIVER BEND COURT # 117 N

City State Zip Code
MEQUON WI 53092-2925

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919848

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. J WAYMON LEVELL

Mailing Address 3949 MARQUETTE STREET

City State Zip Code
DALLAS TX 75225-5432

FEC ID number of contributing
federal political committee.

C

Name of Employer
FIRST SOUTHWEST PROPERTIES MANAGEM

Occupation
REAL ESTATE INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922924

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HERBERT ALAN LEVIN

Mailing Address 724 EAST GRINNEL DR.

City	State	Zip Code
BURBANK	CA	91501-1720

FEC ID number of contributing federal political committee.

C

 Name of Employer
 DOJ OF THE STATE OF CALIFORNIA

 Occupation
 LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11.924966

Amount of Each Receipt this Period

105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SAM LINDER

Mailing Address BOX 1865

City	State	Zip Code
VANCOUVER	WA	98668-1865

FEC ID number of contributing federal political committee.

C

 Name of Employer
 SAM LINDER AUTO GROUP

 Occupation
 SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2014

Transaction ID : SA11.920219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LOUISE LUNI

Mailing Address 4204 NAVAJO AVENUE

City	State	Zip Code
TOLUCA LAKE	CA	91602-2914

FEC ID number of contributing federal political committee.

C

 Name of Employer
 INFORMATION REQUESTED PER BEST EFFORTS

 Occupation
 VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2014

Transaction ID : SA11.921089

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

455.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DOUGLAS J. MACLEOD

Mailing Address 12800 VONN ROAD APT 9802

City

LARGO

State

FL

Zip Code

33774-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.922100

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. P MICHAEL MAHONEY

Mailing Address 9731 N HILLTOP LANE

City

MEQUON

State

WI

Zip Code

53092-5319

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARK BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.922092

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DAVID S. MARTIN

Mailing Address 281 KENNER CREEK ROAD

City

DEATSVILLE

State

AL

Zip Code

36022-6027

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.918957

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RICHARD C. MARX

Mailing Address P.O. BOX 440

City State Zip Code
WAPPINGERS FALLS NY 12590-0440

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11.921084

Amount of Each Receipt this Period

106.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KAY A. MC DONALD

Mailing Address 1898 HENDERSHOT ROAD

City State Zip Code
PARMA MI 49269-9793

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11.920088

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. AUDREY MCCLELLAN

Mailing Address 2009 N PARKER DRIVE

City State Zip Code
JANESVILLE WI 53545-0759

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.924925

Amount of Each Receipt this Period

90.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

496.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN C. MCCRILLIS

Mailing Address P.O. BOX 458

City
NEWPORT

State Zip Code
NH 03773-0458

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.918960

Amount of Each Receipt this Period

95.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SCOTT A. MCDERMOTT

Mailing Address S27 W29517 JARMON ROAD

City
WAUKESHA

State Zip Code
WI 53188-9224

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOURCE ONE HEALTHCARE

Occupation

MEDICAL IMAGING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11.920070

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SCOTT A. MCDERMOTT

Mailing Address S27 W29517 JARMON ROAD

City
WAUKESHA

State Zip Code
WI 53188-9224

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOURCE ONE HEALTHCARE

Occupation

MEDICAL IMAGING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.922371

Amount of Each Receipt this Period

40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WILLIAM MCDERMOTT

Mailing Address 395 N FOREST ROAD

City
BUFFALO

State
NY

Zip Code
14221-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEVENSON ENVIRONMENTAL SERVICES, INC.

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.921299

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN D. MCLEOD

Mailing Address 111 BORDER LEE FARM

City
CAMERON

State
NC

Zip Code
28326-7043

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCLEOD AUTO WASHING

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.923202

Amount of Each Receipt this Period

115.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. VINCENT MCMANUS

Mailing Address 1 BLACKBERRY LANE

City
WALLINGFORD

State
CT

Zip Code
06492-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.921997

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RICHARD MEYER

Mailing Address N236 3RD COURT

City
COLOMA

State
WI

Zip Code
54930-9000

FEC ID number of contributing
federal political committee.

C

Name of Employer

DICK MEYER COMPANY, INC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919748

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SAMUEL D. MEYER

Mailing Address 38 TYLER COURT

City

FOND DU LAC

State

WI

Zip Code

54935-5423

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 12 / 2014

Transaction ID : SA11.921501

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOE MILLER

Mailing Address 3400 HOLLY HILL ROAD

City

LAKE CHARLES

State

LA

Zip Code

70605-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919197

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RICHARD MORGAN

Mailing Address 10375 WILSHIRE BLVD APT 14E

City

LOS ANGELES

State

CA

Zip Code

90024-4713

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.921464

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CYNTHIA MOSER

Mailing Address 11420 N ZADY LANE

City

FLAGSTAFF

State

AZ

Zip Code

86004-5252

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

EDITOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11.923692

Amount of Each Receipt this Period

140.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. STEPHEN MOTHERWAY

Mailing Address 738 130TH STREET

City

COLLEGE POINT

State

NY

Zip Code

11356-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919421

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1240.00

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN MUELLER

Mailing Address 1414 SILVERADO TRAIL S

City

SAINT HELENA

State

CA

Zip Code

94574-9798

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : SA11.920327

Amount of Each Receipt this Period

225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GERALD MURDOCK

Mailing Address P.O. BOX 275

City

SPRINGDALE

State

UT

Zip Code

84767-0275

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	4

Transaction ID : SA11.922210

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PATRICK K. MURPHY

Mailing Address W267 N2899 WOODLAND DRIVE

City

PEWAUKEE

State

WI

Zip Code

53072-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARE-AGE OF BROOKFIELD

Occupation

NURSING HOMES

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SA11.920037

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RACHEL NAVIS

Mailing Address N2760 COUNTY MMM

City
WAUPUN

State
WI

Zip Code
53963-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.922266

Amount of Each Receipt this Period

67.50

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JEFFREY C. NEAL

Mailing Address 1099 PELHAM ROAD

City

WINNETKA

State

IL

Zip Code

60093-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST

INFORMATION REQUESTED PER BEST EFF

EFFORTS
Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11.924096

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. VICTOR NELSON

Mailing Address 8 MIDVALE COURT

City

EAST NORTHPORT

State

NY

Zip Code

11731-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SECTOR MICROWAVE INDUSTRIES, INC

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 04 / 2014

Transaction ID : SA11.919809

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5367.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARY NEWTON

Mailing Address 607 E TAYLOR RUN PARKWAY

City State Zip Code
 ALEXANDRIA VA 22314-4929

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.923182

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ALBERT NICHOLAS

Mailing Address 6002 N HIGHWAY 83

City State Zip Code
 CHENEQUA WI 53029-8503

FEC ID number of contributing
federal political committee.

C

Name of Employer

NICHOLAS COMPANY, INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11.919983

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. KEITH J. NIEMUTH

Mailing Address 540 SILVERWOOD LN

City State Zip Code
 NEENAH WI 54956-1940

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 12 / 2014

Transaction ID : SA11.924767

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MR. DAVID G. NISLER

Mailing Address 8500 WEST WATERFORD AVENUE

City State Zip Code
MILWAUKEE WI 53228-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2014

Transaction ID : SA11.921228

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. EMILY NISSLEY

Mailing Address 30 OENOKE LANE

City State Zip Code
NEW CANAAN CT 06840-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.921945

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. REBECCA L. NOLTE

Mailing Address 4103 S BURRELL ST.

City State Zip Code
MILWAUKEE WI 53207-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

W.B. BOTTLE SUPPLY CO.

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 04 / 2014

Transaction ID : SA11.920278

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DALE A. NORDEEN

Mailing Address 4206 YUMA DRIVE

City
MADISONState
WIZip Code
53711-3058FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.922215

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LEO A. OHEARN

Mailing Address 3401 OCEAN DR

City
OXNARDState
CAZip Code
93035-4344FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.921214

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NELSON M. OLF

Mailing Address 2736 MAGNOLIA WAY

City
FOREST GROVEState
ORZip Code
97116-1251FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11.923381

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MR. ROBERT D. OLSON

Mailing Address 9433 N HAY CREEK ROD

City
HAYWARD

State Zip Code
WI 54843-4483

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11.923279

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN PARISH

Mailing Address P.O. BOX 1948

City
ANDREWS

State Zip Code
TX 79714-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919272

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. TIM G. PEDERSON

Mailing Address N54W30841 WINDWOOD DRIVE

City
HARTLAND

State Zip Code
WI 53029-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIVERSIFIED BENEFIT SERVICES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11.923647

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. FRANK C. PERROTTA

Mailing Address 156 ELM STREET

City
HUDSONState
OHZip Code
44236-3018FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL IMAGING TECHNOLOGIES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.921458

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM REID PITTS JR.

Mailing Address 101 CENTRAL PARK W FL 11

City
NEW YORKState
NYZip Code
10023-4250FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.920651

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. R J. PRESTON

Mailing Address 14505 HILLSIDE ROAD

City
ELM GROVEState
WIZip Code
53122-1621FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.923077

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BONNIE L. PROCHNOW SR.

Mailing Address P.O. BOX 565

City

MEDFORD

State

WI

Zip Code

54451-0565

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROCHNOW TRANSPORT, INC

Occupation

TRANSPORTATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919543

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CYNTHIA RAEDEKE

Mailing Address 1793 PINE WOOD ROAD

City

SAINT CROIX FALLS

State

WI

Zip Code

54024-7536

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11.923682

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BRIAN RAFN

Mailing Address 4320 COUNTY LINE ROAD HIGHWAY Q

City

COLGATE

State

WI

Zip Code

53017-

FEC ID number of contributing
federal political committee.

C

Name of Employer

MORGAN-DEMPSEY CAPITOL MANAGEMEN

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919347

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THOMAS G. RAGATZ

Mailing Address 3334 LAKE MENDOTA DRIVE

City
MADISON

State
WI

Zip Code
53705-1469

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOLEY & LARDNER

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11.923657

Amount of Each Receipt this Period

125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JACK REGISTER

Mailing Address N14415 469TH STREET

City

MENOMONIE

State

WI

Zip Code

54751-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Register

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922683

Amount of Each Receipt this Period

158.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JACK REGISTER

Mailing Address N14415 469TH STREET

City

MENOMONIE

State

WI

Zip Code

54751-

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Register

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11.922684

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

388.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MR. THOMAS REIDENBACH

Mailing Address 703 WYMAN ST

City

NEW LONDON

State

WI

Zip Code

54961-1768

FEC ID number of contributing
federal political committee.

C

Name of Employer

MORAINE PARK TECHNICAL COLLEGE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11.924998

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KAREN REISENAUER

Mailing Address 5504 CAMBRIDGE LANE UNIT 3

City

MOUNT PLEASANT

State

WI

Zip Code

53406-2877

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.924920

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARGARET M. RENDALL

Mailing Address 6710 BRAUN ROAD

City

RACINE

State

WI

Zip Code

53403-9414

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920836

Amount of Each Receipt this Period

60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JERRY G. REYNOLDS

Mailing Address N56 W12546 SILVERSPRING ROAD

City State Zip Code
 MENOMONEE FALLS WI 53051-6114

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BRITCHES EXCAVATING INC

Occupation
 EXCAVATING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : SA11.923467

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LILLIAN RIBNEK

Mailing Address 520 S 65TH STREET

City State Zip Code
 MILWAUKEE WI 53214-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FAA

Occupation
 AVIATION SAFETY ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 26 / 2014

Transaction ID : SA11.923673

Amount of Each Receipt this Period

140.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOE E. RICHARDSON

Mailing Address N2485 CARDINAL LN

City State Zip Code
 OOSTBURG WI 53070-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11.924960

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HALL M. ROBERTS

Mailing Address P.O. BOX 10

City
POSTVILLE

State Zip Code
IA 52162-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALL ROBERTS' SON, INC

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11.920165

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN ROBERTS

Mailing Address 1512 PRIMROSE LANE

City
GLENVIEW

State Zip Code
IL 60026-7772

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2014

Transaction ID : SA11.921547

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NANCY B. ROTH

Mailing Address 8545 CARMEL VALLEY ROAD

City
CARMEL

State Zip Code
CA 93923-9556

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 09 / 2014

Transaction ID : SA11.921114

Amount of Each Receipt this Period

375.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WILLIAM RUEKERT

Mailing Address 640 GLENVIEW AVENUE

City State Zip Code
 OCONOMOWOC WI 53066-2710

FEC ID number of contributing federal political committee.

C

Name of Employer
 RUEKERT-MIELKE, INC

Occupation
 ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11.923649

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MS. CAROLE E. RULE

Mailing Address 2375 SUNNY SLOPE ROAD

City State Zip Code
 MINERAL POINT WI 53565-9217

FEC ID number of contributing federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.920937

Amount of Each Receipt this Period

105.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GORDON RUNNOE

Mailing Address 4322 PLANTATION CT

City State Zip Code
 DE PERE WI 54115-8356

FEC ID number of contributing federal political committee.

C

Name of Employer
 THE MAIL HAUS

Occupation
 OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11.923078

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DANA SARTOR

Mailing Address N7060 COUNTY ROAD F

City

BLACK RIVER FALLS

State

WI

Zip Code

54615-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST LABOR

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919381

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DANA SARTOR

Mailing Address N7060 COUNTY ROAD F

City

BLACK RIVER FALLS

State

WI

Zip Code

54615-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST LABOR

Occupation

FACTORY WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SA11.922587

Amount of Each Receipt this Period

225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOHN SCEPANSKI

Mailing Address 455 E MORGAN AVENUE

City

MILWAUKEE

State

WI

Zip Code

53207-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.921872

Amount of Each Receipt this Period

30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

405.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN SCEPANSKI

Mailing Address 455 E MORGAN AVENUE

City

MILWAUKEE

State

WI

Zip Code

53207-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11.922291

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. NELSON SCHAEENEN JR.

Mailing Address 56 MIDWOOD TERRACE

City

MADISON

State

NJ

Zip Code

07940-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11.919467

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NELSON SCHAEENEN JR.

Mailing Address 56 MIDWOOD TERRACE

City

MADISON

State

NJ

Zip Code

07940-2735

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.923292

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HENRIETTA C. SCHERMERHORN

Mailing Address 19070 SHADY DRIVE

City
SALINAS

State
CA

Zip Code
93907-8449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.923153

Amount of Each Receipt this Period

70.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RAYMOND P. SCHMIDT

Mailing Address 113 CORNERSTONE CIRCLE

City
FRANKLIN

State
TN

Zip Code
37064-4763

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11.920433

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERTA SHAY

Mailing Address 6796 E MISSION STREET

City
YUMA

State
AZ

Zip Code
85365-8898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SHAY OIL COMPANY, INC

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919547

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

520.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STUART P. SHERMAN

Mailing Address 3 SUTHERLAND COURT

City State Zip Code
 PALM BEACH GARDENS FL 33418-7061

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919743

Amount of Each Receipt this Period

300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TOM SHIREMAN

Mailing Address 113 NE PARKS VIEW COURT

City State Zip Code
 LEES SUMMIT MO 64064-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONSULTANTS IN GASTROENTEROLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11.920075

Amount of Each Receipt this Period

225.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. NORMAN SKALICKY

Mailing Address 4191 2ND STREET S

City State Zip Code
 SAINT CLOUD MN 56301-3761

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEARNS BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.922940

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. F RANDALL SMITH

Mailing Address 325 E 53RD STREET # 3

City
NEW YORK

State Zip Code
NY 10022-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITAL COUNSEL, LLC

Occupation
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11.919479

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM F. SPECHT

Mailing Address W164 N8086 TAMARACK TRAIL

City
MENOMONEE FALLS

State Zip Code
WI 53051-3643

FEC ID number of contributing
federal political committee.

C

Name of Employer
COUSINS SUBS

Occupation
CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11.920170

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ANGELA SPODEK

Mailing Address 454 W 54TH STREET

City
NEW YORK

State Zip Code
NY 10019-4594

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.922038

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOHN SPOELHOF

Mailing Address 341 WAUKAZOO DRIVE

City
HOLLAND

State Zip Code
MI 49424-2657

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919281

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOY SPRAGENS

Mailing Address 7426 FISHER ISLAND DR

City
MIAMI BEACH

State Zip Code
FL 33109-0765

FEC ID number of contributing
federal political committee.

C

Name of Employer

MERRILL LYNCH

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.921269

Amount of Each Receipt this Period

375.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ROBERT STEINER

Mailing Address 600 W BROADWAY

City
SAN DIEGO

State Zip Code
CA 92101-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919799

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ROGER F. STETSON

Mailing Address 9225 CASCADE IA
APT 2204

City State Zip Code
WEST DES MOINES IA 50266-

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.924929

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MARILYN STIGLITZ

Mailing Address 232 BALTUSROL WAY

City State Zip Code
SPRINGFIELD NJ 07081-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11.923209

Amount of Each Receipt this Period

170.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ED STURZL

Mailing Address N6604 RIVERVIEW RD

City State Zip Code
PLYMOUTH WI 53073-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer

SARGENTO FOODS, INC.

Occupation

V.P. - HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11.924982

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1270.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ROZENE SUPPLE

Mailing Address 1850 SMOKE TREE LN.

City State Zip Code
 PALM SPRINGS CA 92264-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
 R&R BROADCASTING

Occupation
 OWNER PRES.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11.923691

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. KENNETH SWEET

Mailing Address 4045 S 54TH STREET

City State Zip Code
 MILWAUKEE WI 53220-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11.922274

Amount of Each Receipt this Period

60.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DAVID TESTA

Mailing Address 9585 SE 136TH PLACE

City State Zip Code
 SUMMERFIELD FL 34491-9372

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919564

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RICHARD THOMAS

Mailing Address 82 INDIAN HILL ROAD

City
WINNETKA

State Zip Code
IL 60093-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11.919820

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. NO TOPITZES

Mailing Address 1750 CAMELOT DRIVE

City
MADISON

State Zip Code
WI 53705-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer

PC/NAMETAG, INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11.924080

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ELIZABETH K. TOULON

Mailing Address P.O. BOX 666

City
KOLOA

State Zip Code
HI 96756-0666

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11.922076

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SCOTT TRONNIER

Mailing Address 117 SUMMER LANE APT 3

City
SPARTA

State
WI

Zip Code
54656-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2014

Transaction ID : SA11.923400

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES UDELHOVEN

Mailing Address P.O. BOX 126

City
KASILOF

State
AK

Zip Code
99610-0126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UDELHOVEN OILFIELD SYSTEMS, INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2014

Transaction ID : SA11.919544

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARGERY UIHLEIN

Mailing Address 1210 W ESTATES DRIVE APT 124

City
MEQUON

State
WI

Zip Code
53092-8553

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11.922540

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DENNIS A. ULLOM

Mailing Address 675 GRUPE STREET

City

ROBERTS

State

WI

Zip Code

54023-9736

FEC ID number of contributing
federal political committee.

C

Name of Employer

INSTANT GREEN TREE PLANTING

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11.922340

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. BERNARD VAN DINTER

Mailing Address 8081 FIELDING LANE

City

GREENDALE

State

WI

Zip Code

53129-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11.922217

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. JACK VAN DER PLOEG

Mailing Address N28 W27683 PENINSULA DRIVE

City

PEWAUKEE

State

WI

Zip Code

53072-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

UNKNOWN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11.919143

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MRS. MAE E. VANGSNESS

Mailing Address 7300 W DEAN ROAD # 3060

City

MILWAUKEE

State

WI

Zip Code

53223-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11.921870

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES WAGNER

Mailing Address 4372 42ND ST SW

City

GRANDVILLE

State

MI

Zip Code

49418-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11.920577

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ANNE WALDIE

Mailing Address 4105 STANHOPE STREET

City

DALLAS

State

TX

Zip Code

75205-1658

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11.921415

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HARRY L. WALLACE

Mailing Address 2204 W CHARTER MALL

City
MEQUONState
WIZip Code
53092-5451FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11.921352

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. EDWIN M. WALTERS

Mailing Address N108 W15053 BEL AIRE LANE

City
GERMANTOWNState
WIZip Code
53022-4203FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.922913

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JACK S. WANNEBO

Mailing Address 6771 ACACIA AVENUE

City
GARDEN GROVEState
CAZip Code
92845-3001FEC ID number of contributing
federal political committee.

C

Name of Employer

DOWNEY STORE, INC

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11.918968

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ROBERTA WANSEER

Mailing Address 712 190TH AVENUE

City

BALSAM LAKE

State

WI

Zip Code

54810-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

GRAIN FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919210

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RONALD WAREZAK

Mailing Address 3649 WOLF ROAD

City

SAGINAW

State

MI

Zip Code

48601-9245

FEC ID number of contributing
federal political committee.

C

Name of Employer

MICHIGAN TRUCK SPRING

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919254

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JON WEIS

Mailing Address S36W27905 ROBIN HILL CIR

City

WAUKESHA

State

WI

Zip Code

53189-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PLUMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11.920510

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BRUCE E. WENCEL

Mailing Address 5129 WHITCOMB DRIVE

City
MADISON

State Zip Code
WI 53711-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 13 / 2014

Transaction ID : SA11.924921

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DONALD WENDORFF

Mailing Address 5314 W TERRY AVE.

City
MILWAUKEE

State Zip Code
WI 53223-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11.924972

Amount of Each Receipt this Period

125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. K WILKEN

Mailing Address 6 BEACON BAY

City
NEWPORT BEACH

State Zip Code
CA 92660-7217

FEC ID number of contributing
federal political committee.

C

Name of Employer

KENTEC MEDICAL

Occupation

SALES MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.919264

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 192
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HOWARD A. WILL JR.

Mailing Address N9242 S SHORE DRIVE

City
EAST TROYState
WIZip Code
53120-2178FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : SA11.921353

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES P. WISHAU

Mailing Address 1620 STACY LANE

City
FORT ATKINSONState
WIZip Code
53538-2842FEC ID number of contributing
federal political committee.

C

Name of Employer

FORT MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : SA11.920936

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

90456.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City
WASHINGTON

State Zip Code
DC 20003-1885

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295800.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11.924947

Amount of Each Receipt this Period

44550.00

Transfer

Full Name (Last, First, Middle Initial)

B. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST ST SE

City
WASHINGTON

State Zip Code
DC 20003-1885

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295800.00

Date of Receipt

06 / 18 / 2014

Transaction ID : SA11.924948

Amount of Each Receipt this Period

36000.00

Transfer

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80550.00

80550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACPAC AUTOMOBILE CLUB PAC

Mailing Address 1 AUTO CLUB DRIVE

City

DEARBORN

State

MI

Zip Code

48126-4213

FEC ID number of contributing
federal political committee.

C

C00034785

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.924904

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ADVANCE AMERICA CASH ADVANCE CENTERS

Mailing Address 35 NORTH CHURCH ST

City

SPARTANBURG

State

SC

Zip Code

29304-

FEC ID number of contributing
federal political committee.

C

C00429001

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.924903

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ALTRIA GROUP INC. POLITICAL ACTION COMMI

Mailing Address 120 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10017-5577

FEC ID number of contributing
federal political committee.

C

C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11.924905

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 192
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PFIZER INC. PAC

Mailing Address 235 EAST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10017-5703

FEC ID number of contributing
federal political committee.

C

C00016683

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11.924907

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. . WI DEPARTMENT OF REVENUE

Mailing Address PO BOX 8903

City
MADISON

State
WI

Zip Code
53708-8903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.97

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11.924946

Amount of Each Receipt this Period

86.44

Refund

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF PORTAGE COUNTY

Mailing Address PO BOX 590

City
STEVENS POINT

State
WI

Zip Code
54481-0590

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11.924906

Amount of Each Receipt this Period

600.00

Rent Reimbursement

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

686.44

686.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. NGAN LEE

Mailing Address S4185 WHISPERING PINES DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SB30B.I18480

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. NGAN LEE

Mailing Address S4185 WHISPERING PINES DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SB30B.I18481

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

C. NGAN LEE

Mailing Address S4185 WHISPERING PINES DRIVE

City BARABOO State WI Zip Code 53913

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB30B.I18482

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2400.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. ADVANCED DISPOSAL - MADISON

Date of Disbursement

Transaction ID : SB21B.I18663

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

202.63

B. AIS TECHNOLOGY, LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18565

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. AIS TECHNOLOGY, LLC

Date of Disbursement

06 / 05 / 2014

Transaction ID : SB21B.I18607

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

7156.89

SUBTOTAL of Disbursements This Page (optional).....

7885.23

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. AMERICAN EXPRESS

Transaction ID : SB21B.I18569

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

[illegible]

B. AMERICAN EXPRESS

MM / DD / YYYY

Transaction ID : SB21B.I18570

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

108.23

C. AMERICAN LIBERTY GROUP

Transaction ID : SB21B.I18667

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

431.25

547.43

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. AMERICAN LIBERTY GROUP

Date of Disbursement

06 / 06 / 2014

Transaction ID : SB21B.I18668

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

1099.43

B. AMERICAN LIBERTY GROUP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18669

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. AMERICAN LIBERTY GROUP

Date of Disbursement

06 / 23 / 2014

Transaction ID : SB21B.I18670

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

4585.73

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. APPLETON WEST END REALTY LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address 512 W. COLLEGE AVE

City	State	Zip Code
APPLETON	WI	54911

Transaction ID : SB21B.I18611

Purpose of Disbursement
OFFICE RENT

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

700.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. ASPECT CONSULTING, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Mailing Address 8401 EXCELSIOR DRIVE

City	State	Zip Code
MADISON	WI	53717

Transaction ID : SB21B.I18564

Purpose of Disbursement
COMPLIANCE CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6747.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. BANCARD/FIS MERCHANT SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Mailing Address 11000 W LAKE PARK DRIVE

City	State	Zip Code
MILWAUKEE	WI	53224

Transaction ID : SB21B.I18571

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

769.05

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8216.30

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BOULDER VENTURE 26 LLC

Mailing Address 311 E CHICAGO STREET

City	State	Zip Code
MILWAUKEE	WI	53202

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SB21B.I18612

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. CAMPAIGN NOW

Mailing Address 1126 S 70TH ST

City	State	Zip Code
MILWAUKEE	WI	53214

Purpose of Disbursement
VOIP SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

Transaction ID : SB21B.I18659

Amount of Each Disbursement this Period

7290.00

Full Name (Last, First, Middle Initial)

C. CAMPAIGN NOW

Mailing Address 1126 S 70TH ST

City	State	Zip Code
MILWAUKEE	WI	53214

Purpose of Disbursement
VOIP SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2014

Transaction ID : SB21B.I18660

Amount of Each Disbursement this Period

3768.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11358.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CAMPAIGN NOW

Mailing Address 1126 S 70TH ST

City MILWAUKEE State WI Zip Code 53214

Purpose of Disbursement
VOIP SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 26 2014

Transaction ID : SB21B.I18661

Amount of Each Disbursement this Period

16634.80

Full Name (Last, First, Middle Initial)

B. CENTURY LINK

Mailing Address P.O. BOX 4300

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
INTERNET

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 11 2014

Transaction ID : SB21B.I18603

Amount of Each Disbursement this Period

84.04

Full Name (Last, First, Middle Initial)

C. CENTURY SPRINGS BOTTLING CO.

Mailing Address P.O. BOX 275

City GENESEE DEPOT State WI Zip Code 53127

Purpose of Disbursement
BOTTLED WATER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 16 2014

Transaction ID : SB21B.I18554

Amount of Each Disbursement this Period

61.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16779.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHARTER - EAU CLAIRE

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.I18555

Amount of Each Disbursement this Period

223.78

Full Name (Last, First, Middle Initial)

B. CHARTER - JANESVILLE

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.I18556

Amount of Each Disbursement this Period

87.43

Full Name (Last, First, Middle Initial)

C. CHARTER - MADISON

Mailing Address P.O. BOX 2981

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB21B.I18557

Amount of Each Disbursement this Period

215.32

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

526.53

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. CHARTER - MADISON

Date of Disbursement

Transaction ID : SB21B.I18558

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

609.93

B. CHARTER - SHEBOYGAN

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18559

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Percentage of people who have ever been in a romantic relationship

182.41

C. CMDI

Date of Disbursement

Transaction ID : SB21B.I18592

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

902.50

SUBTOTAL of Disbursements This Page (optional).....

1694.84

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. COCA COLA ENTERPRISES

06 / 03 / 2014

Category/
Type

21.10

State: District:

B. COMCAST

MM / DD / YYYY

Category/
Type

219.65

State: District:

C. DAN MORSE CONSULTING LLC

Category/
Type

4000.00

State: District:

4240.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. EASY PERMIT POSTAGE PITNEY BOWES

Mailing Address P.O. BOX 371874

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement
POSTAGE FOR METER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB21B.I18637

Amount of Each Disbursement this Period

12071.43

Full Name (Last, First, Middle Initial)

B. EDGEWOOD PLAZA JOINT VENTURE

Mailing Address 10400 W INNOVATION DRIVE

City MILWAUKEE State WI Zip Code 53226

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB21B.I18613

Amount of Each Disbursement this Period

1160.94

Full Name (Last, First, Middle Initial)

C. FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement
CONFERENCE CALLS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SB21B.I18566

Amount of Each Disbursement this Period

312.88

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13545.25

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. GOVERNMENT ACCOUNTABILITY BOARD

06 / 03 / 2014

Category/
Type

195.50

State: District:

B. GOVERNMENT ACCOUNTABILITY BOARD

MM / DD / YYYY

Category/
Type

Transaction ID : SB21B.I18632

487.00

State: District:

C. GOVERNMENT ACCOUNTABILITY BOARD

Category/
Type

Transaction ID : SB21B.I18633

370.00

State: District:

1052.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. HEINZEN PRINTING INC.

Date of Disbursement



Transaction ID : SB21B.I18640

Amount of Each Disbursement this Period

Category	Percentage
Very satisfied	86.50

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

B. HEINZEN PRINTING INC.

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18641

Amount of Each Disbursement this Period

259.53

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Category/
Type

C. HEINZEN PRINTING INC.

Date of Disbursement

Transaction ID : SB21B.I18642

Amount of Each Disbursement this Period

64.36

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

410.39

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. HEINZEN PRINTING INC.

Mailing Address P.O. BOX 267

City	State	Zip Code
MARSHFIELD	WI	54449-0267

Purpose of Disbursement

PRINTING-NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

06 / 03 / 2014

Transaction ID : SB21B.I18643

Amount of Each Disbursement this Period

86.52

Full Name (Last, First, Middle Initial)

B. HILLCREST PROPERTIES LTD.

Mailing Address 2986 COUNTY ROAD PP

City	State	Zip Code
DEPERE	WI	54115

Purpose of Disbursement	
OFFICE RENT	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18614

Amount of Each Disbursement this Period

1225.00

Full Name (Last, First, Middle Initial)

C. IMPACT ACQUISITIONS, LLC

Mailing Address 75 REMITTANCE DRIVE

City	State	Zip Code
CHICAGO	IL	60675

Purpose of Disbursement
COPIER LEASE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

06 / 11 / 2014

Transaction ID : SB21B.I18567

Amount of Each Disbursement this Period

2579.91

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3891.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOURNAL BROADCAST GROUP

Mailing Address 720 E CAPITOL DRIVE

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : SB21B.I18648

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 740423

City	State	Zip Code
ATLANTA	GA	30374

Purpose of Disbursement
COPIER LEASE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

Transaction ID : SB21B.I18568

Amount of Each Disbursement this Period

1302.99

Full Name (Last, First, Middle Initial)

C. LA CROSSE DEPOT

Mailing Address P.O. BOX 1283

City	State	Zip Code
LA CROSSE	WI	54602

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SB21B.I18615

Amount of Each Disbursement this Period

1200.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3402.99

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LAPPIN HAYES ASSOCIATES

Mailing Address C/O OGDEN AND COMPANT, INC

City	State	Zip Code
MILWAUKEE	WI	53202

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SB21B.I18616

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. LEXISNEXIS

Mailing Address P.O. BOX 2314

City	State	Zip Code
CAROL STREAM	IL	60132

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SB21B.I18649

Amount of Each Disbursement this Period

199.00

Full Name (Last, First, Middle Initial)

C. LIND WEININGER LLC

Mailing Address 8020 EXCELSIOR DRIVE #402

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SB21B.I18605

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2099.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LOMONA LLC

Mailing Address C/O SARA INVESTMENT REAL ESTATE L

City MADISON State WI Zip Code 53719

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB21B.I18617

Amount of Each Disbursement this Period

1868.29

B. MAGNET 360

Mailing Address 5757 WAYZATA BOULEVARD

City MINNEAPOLIS State MN Zip Code 55416

Purpose of Disbursement
VOTER ID

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.I18662

Amount of Each Disbursement this Period

5800.00

C. MAJORITY STRATEGIES

Mailing Address 135 PROFESSIONAL DRIVE

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SB21B.I18644

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8668.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MAYFAIR OFFICE, LLC

Mailing Address 3077 N Mayfair Rd

City	State	Zip Code
MILWAUKEE	WI	53288

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SB21B.I18618

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B. MG&E

Mailing Address P.O. BOX 1231

City	State	Zip Code
MADISON	WI	53701-1231

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SB21B.I18651

Amount of Each Disbursement this Period

741.88

Full Name (Last, First, Middle Initial)

C. MILLS ENTERPRISES, LLC

Mailing Address 4015 80TH STREET

City	State	Zip Code
KENOSHA	WI	53142

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SB21B.I18619

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2541.88

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. MILWAUKEE URBAN LEAGUE

Date of Disbursement



Transaction ID : SB21B.I18635

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

2595.00

B. OUGHTON GROUP, LLC

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
FOND DU LAC	WI	54935

Transaction ID : SB21B.I18620

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

1000.00

C. PHASE 5, LLC

Date of Disbursement

City	State	Zip Code
STEVENS POINT	WI	54481

Transaction ID : SB21B.I18621

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

5095.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PHASE 5, LLC

Mailing Address 4732 BARBARAS LANE

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB21B.I18622

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014

Transaction ID : SB21B.I18572

Amount of Each Disbursement this Period

42.18

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SB21B.I18573

Amount of Each Disbursement this Period

114.01

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1656.19

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
 SAN FRANCISCO CA 94105

Purpose of Disbursement
 CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 06 04 2014

Transaction ID : SB21B.I18574

Amount of Each Disbursement this Period

45.87

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
 SAN FRANCISCO CA 94105

Purpose of Disbursement
 CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 06 05 2014

Transaction ID : SB21B.I18575

Amount of Each Disbursement this Period

5.60

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
 SAN FRANCISCO CA 94105

Purpose of Disbursement
 CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 06 06 2014

Transaction ID : SB21B.I18576

Amount of Each Disbursement this Period

2.80

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

54.27

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. PIRYX

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '09' with two squares above it. The third display shows '2014' with four squares above it.

Category/
Type

36.61

State: District:

B. PIRYX

MM / DD / YYYY

Category/
Type

12.26

State: District:

C. PIRYX

Category/
Type

8.40

State: District:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

33.79

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1.08

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

24.95

59.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SB21B.I18583

Amount of Each Disbursement this Period

47.58

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : SB21B.I18584

Amount of Each Disbursement this Period

2.97

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SB21B.I18585

Amount of Each Disbursement this Period

15.48

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

66.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 20 2014

Transaction ID : SB21B.I18586

Amount of Each Disbursement this Period

120.45

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 23 2014

Transaction ID : SB21B.I18587

Amount of Each Disbursement this Period

217.59

Full Name (Last, First, Middle Initial)

C. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code
SAN FRANCISCO CA 94105
Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 24 2014

Transaction ID : SB21B.I18588

Amount of Each Disbursement this Period

7.74

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

345.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. PIRYX

Category/
Type

11.19

State: District:

B. PIRYX

MM / DD / YYYY

Category/
Type

31.01

State: District:

C. PIRYX

Category/
Type

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	1.08%

State: District:

43.28

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PITNEY BOWES CREDIT CORPORATION

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	1	4		

Mailing Address P.O. BOX 371887

City	State	Zip Code
PITTSBURGH	PA	15250

Transaction ID : SB21B.I18638Purpose of Disbursement
POSTAGE METER

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

804.70

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. PITNEY BOWES INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	1	4		

Mailing Address P.O. BOX 371896

City	State	Zip Code
PITTSBURGH	PA	15250

Transaction ID : SB21B.I18639Purpose of Disbursement
POSTAGE METER

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

297.47

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. PRECISION DIALOGUE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	4		

Mailing Address 5501 W GRAND AVENUE

City	State	Zip Code
CHICAGO	IL	60639

Transaction ID : SB21B.I18604Purpose of Disbursement
DATA SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

9935.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11037.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RIVER CITY PARTNERS, LLC

Mailing Address 3033 EXCELSIOR BLVD

City	State	Zip Code
MINNEAPOLIS	MN	55416

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SB21B.I18624

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. RJ JOHNSON & ASSOCIATES, INC

Mailing Address N7130 NORTH LOST LAKE ROAD

City	State	Zip Code
RANDOLPH	WI	53956

Purpose of Disbursement
POLITICAL CONSULTING: STRATEGY

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2014

Transaction ID : SB21B.I18634

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. SALESFORCE.COM, INC

Mailing Address P.O. BOX 203141

City	State	Zip Code
DALLAS	TX	75320

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SB21B.I18650

Amount of Each Disbursement this Period

2037.06

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13237.06

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SCM ASSOCIATES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Mailing Address 1283 MAIN STREET

City	State	Zip Code
DUBLIN	NH	03444

Transaction ID : SB21B.I18593

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

17574.17

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. SHADOW FAX

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Mailing Address 4601 HELFESSEN DR

City	State	Zip Code
MADISON	WI	53718

Transaction ID : SB21B.I18630

Purpose of Disbursement
OFFICE SUPPLIES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

250.07

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. SOUTHWEST PUBLISHING & MAILING CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Mailing Address 2600 NW TOPEKA BLVD.

City	State	Zip Code
TOPEKA	KS	66617

Transaction ID : SB21B.I18594

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

9452.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

27276.49

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. SOUTHWEST PUBLISHING & MAILING CORP

Date of Disbursement

Transaction ID : SB21B.I18595

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

9471.82

B. SPRINT

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18562

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Relationship Status	Percentage
Never in a relationship	47.4
Ever in a relationship	52.6

C. SPRINT

Date of Disbursement

M M / D D / Y Y Y Y
06 03 2014

Transaction ID : SB21B.I18563

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

686.30

10210.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City	State	Zip Code
TRUCKEE	CA	96161

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SB21B.I18596

Amount of Each Disbursement this Period

2103.21

Full Name (Last, First, Middle Initial)

B. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City	State	Zip Code
TRUCKEE	CA	96161

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : SB21B.I18597

Amount of Each Disbursement this Period

2331.10

Full Name (Last, First, Middle Initial)

C. STEVE BROWN DIRECT MAIL

Mailing Address 10045 WHITETAIL LANE

City	State	Zip Code
TRUCKEE	CA	96161

Purpose of Disbursement
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SB21B.I18598

Amount of Each Disbursement this Period

1366.31

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5800.62

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. STRATEGIC FUNDRAISING

Category/
Type

58237.62

B. TDS METROCOM

Category/
Type

350.14

C. TDS METROCOM

06 / 11 / 2014

Amount of Each Disbursement this Period

359.01

58946.77

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. TDS METROCOM

Category/
Type

350.14

State: District:

B. TENUTA-DEBARTOLO ENTERPRISES, LLC

MM / DD / YYYY

Category/
Type

850.00

State: District:

C. TENUTA-DEBARTOLO ENTERPRISES, LLC

Category/
Type

Age group	Number of people
0-14	850.00
15-24	750.00
25-34	650.00
35-44	550.00
45-54	450.00
55-64	350.00
65-74	250.00
75-84	150.00
85-94	50.00
95-104	10.00

State: District:

2050.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TIME WARNER CABLE

Mailing Address P.O. BOX 3237

City MILWAUKEE State WI Zip Code 53203

Purpose of Disbursement
CABLE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SB21B.I18561

Amount of Each Disbursement this Period

292.70

Full Name (Last, First, Middle Initial)

B. TOOTH FAIRY LLC

Mailing Address 79 OAK CREEK TRAIL

City MADISON State WI Zip Code 53717

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB21B.I18627

Amount of Each Disbursement this Period

1450.00

Full Name (Last, First, Middle Initial)

C. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City LEHIGH VALLEY State PA Zip Code 18002

Purpose of Disbursement
WIRELESS INTERNET

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.I18665

Amount of Each Disbursement this Period

63.37

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1806.07

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. VERIZON WIRELESS

Mailing Address P.O. BOX 25505

City	State	Zip Code
LEHIGH VALLEY	PA	18002

Purpose of Disbursement

WIRELESS INTERNET

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.I18666

Amount of Each Disbursement this Period

158.49

Full Name (Last, First, Middle Initial)

B. VILLAGE GRAPHICS PRINTING, LLC

Mailing Address 108 W CAPITOL DRIVE

City	State	Zip Code
HARTLAND	WI	53029

Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18645

Amount of Each Disbursement this Period

697.46

Full Name (Last, First, Middle Initial)

C. WAUKESHA EAST COMMERCE CENTER LLC

Mailing Address 1703 PEARL STREET

City	State	Zip Code
WAUKESHA	WI	53186

Purpose of Disbursement	OFFICE RENT
-------------------------	-------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I18628

Amount of Each Disbursement this Period

2070.50

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2926.45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. WAUKESHA EAST COMMERCE CENTER LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18652

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	1.65%

B. WE ENERGIES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I18653

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

136.75

C. WE ENERGIES

Date of Disbursement

06 / 11 / 2014

Transaction ID : SB21B.I18654

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

449.71

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Republican Party of Wisconsin

A. WE ENERGIES



City	State	Zip Code
MILWAUKEE	WI	53203-2918

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I18655

Amount of Each Disbursement this Period

164.06

Full Name (Last, First, Middle Initial)

B. WILAND DIRECT INC.

Date of Disbursement

MM / DD / YYYY

Mailing Address P.O. BOX 17361

City	State	Zip Code
DENVER	CO	80217

Purpose of Disbursement
LIST RENTAL

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I18606

Amount of Each Disbursement this Period

3522.98

Full Name (Last, First, Middle Initial)

C. WISC DEPT OF REVENUE - SLS TX

Date of Disbursement

Mailing Address P.O. BOX 930208

City	State	Zip Code
MILWAUKEE	WI	53293

Purpose of Disbursement	SALES/USE TAX
-------------------------	---------------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.I18647

Amount of Each Disbursement this Period

1370.78

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5057.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 192

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WISCONSIN PUBLIC SERVICE CORPORATION

Mailing Address P.O. BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SB21B.I18656

Amount of Each Disbursement this Period

129.49

Full Name (Last, First, Middle Initial)

B. WISCONSIN PUBLIC SERVICE CORPORATION

Mailing Address P.O. BOX 19003

City GREEN BAY State WI Zip Code 54307

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.I18657

Amount of Each Disbursement this Period

162.22

Full Name (Last, First, Middle Initial)

C. XCEL ENERGY

Mailing Address P.O. BOX 9477

City MINNEAPOLIS State MN Zip Code 55484

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SB21B.I18658

Amount of Each Disbursement this Period

250.10

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

541.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. YUHAS GRAPHICS

Mailing Address 11021 W MITCHELL STREET

City
WEST ALLISState
WIZip Code
53214Purpose of Disbursement
PRINTING-NOT FEA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 11 2014

Transaction ID : SB21B.I18646

Amount of Each Disbursement this Period

2321.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2321.00

248883.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALEXA ARDIS

Mailing Address 2616 HIGH MEADOW ROAD

City	State	Zip Code
NAPERVILLE	IL	60564

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18444

Amount of Each Disbursement this Period

257.11

Full Name (Last, First, Middle Initial)

B. ALEXA ARDIS

Mailing Address 2616 HIGH MEADOW ROAD

City	State	Zip Code
NAPERVILLE	IL	60564

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18445

Amount of Each Disbursement this Period

394.60

Full Name (Last, First, Middle Initial)

C. NICOLE BEAMER

Mailing Address 3026 SADDLE BROOK TRAIL

City	State	Zip Code
SUN PRAIRIE	WI	53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18446

Amount of Each Disbursement this Period

392.44

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1044.15

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DANIEL BORKHUS

Mailing Address 403 W DOTY STREET

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18447

Amount of Each Disbursement this Period

445.66

Full Name (Last, First, Middle Initial)

B. DANIEL BORKHUS

Mailing Address 403 W DOTY STREET

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18448

Amount of Each Disbursement this Period

227.30

Full Name (Last, First, Middle Initial)

C. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City CAMBRIDGE	State WI	Zip Code 53523
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18521

Amount of Each Disbursement this Period

995.25

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1668.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City	State	Zip Code
CAMBRIDGE	WI	53523

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18522

Amount of Each Disbursement this Period

230.88

Full Name (Last, First, Middle Initial)

B. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City	State	Zip Code
CAMBRIDGE	WI	53523

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18523

Amount of Each Disbursement this Period

819.01

Full Name (Last, First, Middle Initial)

C. MYLES BUSS

Mailing Address N4161 COUNTY ROAD A

City	State	Zip Code
CAMBRIDGE	WI	53523

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18671

Amount of Each Disbursement this Period

133.19

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1183.08

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LAUREN CLARK

Mailing Address 5002 AUTUMN LANE

City
MADISONState
WIZip Code
53704Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18524

Amount of Each Disbursement this Period

1577.26

Full Name (Last, First, Middle Initial)

B. LAUREN CLARK

Mailing Address 5002 AUTUMN LANE

City
MADISONState
WIZip Code
53704Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18525

Amount of Each Disbursement this Period

1577.26

Full Name (Last, First, Middle Initial)

C. NICHOLAS COLLETTI

Mailing Address 7718 36TH AVENUE

City
KENOSHAState
WIZip Code
53142Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18526

Amount of Each Disbursement this Period

944.08

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4098.60

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City	State	Zip Code
WHITEFISH BAY	WI	53217

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18527

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

B. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City	State	Zip Code
WHITEFISH BAY	WI	53217

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18528

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

C. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City	State	Zip Code
WHITEFISH BAY	WI	53217

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18678

Amount of Each Disbursement this Period

554.70

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2787.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18679

Amount of Each Disbursement this Period

554.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PHILIP CURRY

Mailing Address 131 W SILVER SPRING DRIVE

City State Zip Code
WHITEFISH BAY WI 53217Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18839

Amount of Each Disbursement this Period

208.68

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18840

Amount of Each Disbursement this Period

208.68

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.68

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City	State	Zip Code
BAY VIEW	WI	53207

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18529

Amount of Each Disbursement this Period

969.68

Full Name (Last, First, Middle Initial)

B. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City	State	Zip Code
BAY VIEW	WI	53207

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18530

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

C. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City	State	Zip Code
BAY VIEW	WI	53207

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18680

Amount of Each Disbursement this Period

117.69

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2057.06

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : SB30B.I18684

Amount of Each Disbursement this Period

15.85

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. THOMAS DALLMAN

Mailing Address 348 E OKLAHOMA AVENUE

City	State	Zip Code
BAY VIEW	WI	53207

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18841

Amount of Each Disbursement this Period

93.29

Full Name (Last, First, Middle Initial)

C. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SB30B.I18843

Amount of Each Disbursement this Period

19.73

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93.29

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SB30B.I18842

Amount of Each Disbursement this Period

23.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. REED DHEIN

Mailing Address 1333 MILTON STREET

City	State	Zip Code
MADISON	WI	53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18532

Amount of Each Disbursement this Period

382.49

Full Name (Last, First, Middle Initial)

C. REED DHEIN

Mailing Address 1333 MILTON STREET

City	State	Zip Code
MADISON	WI	53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18533

Amount of Each Disbursement this Period

438.61

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

821.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. RICHARD A. DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18534

Amount of Each Disbursement this Period

1154.39

Full Name (Last, First, Middle Initial)

B. RICHARD A. DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18535

Amount of Each Disbursement this Period

1190.42

Full Name (Last, First, Middle Initial)

C. RICHARD A. DICKIE

Mailing Address 126 N. BLAIR ST. #1

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18687

Amount of Each Disbursement this Period

29.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2373.81

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALYSSA DIGILIO

Mailing Address 1013 FOX PATH

City	State	Zip Code
WEST DUNDEE	IL	60118

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18536

Amount of Each Disbursement this Period

187.26

Full Name (Last, First, Middle Initial)

B. ALYSSA DIGILIO

Mailing Address 1013 FOX PATH

City	State	Zip Code
WEST DUNDEE	IL	60118

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18537

Amount of Each Disbursement this Period

394.60

Full Name (Last, First, Middle Initial)

C. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City	State	Zip Code
MADISON	WI	53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18538

Amount of Each Disbursement this Period

1255.88

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1837.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City
MADISONState
WIZip Code
53704Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18539

Amount of Each Disbursement this Period

1255.89

Full Name (Last, First, Middle Initial)

B. JESSE DOUGHERTY

Mailing Address 5203 AUTUMN LEAF LANE

City
MADISONState
WIZip Code
53704Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18845

Amount of Each Disbursement this Period

89.70

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18846

Amount of Each Disbursement this Period

89.70

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1345.59

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City	State	Zip Code
MILWAUKEE	WI	53221

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18540

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

B. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City	State	Zip Code
MILWAUKEE	WI	53221

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18541

Amount of Each Disbursement this Period

969.68

Full Name (Last, First, Middle Initial)

C. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City	State	Zip Code
MILWAUKEE	WI	53221

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18689

Amount of Each Disbursement this Period

395.44

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2334.81

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18690

Amount of Each Disbursement this Period

132.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. TIM DUFFY

Mailing Address 5177 S 19TH STREET

City State Zip Code
MILWAUKEE WI 53221Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18847

Amount of Each Disbursement this Period

39.93

Full Name (Last, First, Middle Initial)

C. JOSEPH FADNESS

Mailing Address 9506 S RYAN GREEN CT

City State Zip Code
FRANKLIN WI 53132-2237Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18542

Amount of Each Disbursement this Period

2449.81

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2489.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSEPH FADNESS

Mailing Address 9506 S RYAN GREEN CT

City
FRANKLINState
WIZip Code
53132-2237Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18543

Amount of Each Disbursement this Period

2449.82

Full Name (Last, First, Middle Initial)

B. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City
BELLEVILLEState
WIZip Code
53508Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18544

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

C. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City
BELLEVILLEState
WIZip Code
53508Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18545

Amount of Each Disbursement this Period

969.68

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4389.19

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City
BELLEVILLEState
WIZip Code
53508Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18703

Amount of Each Disbursement this Period

464.63

Full Name (Last, First, Middle Initial)

B. TARGET

Mailing Address 3900 N 124TH STREET

City
WAUWATOSAState
WIZip Code
53222Purpose of Disbursement
BOTTLED WATER

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB30B.I18713

Amount of Each Disbursement this Period

12.07

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. TARGET

Mailing Address 3900 N 124TH STREET

City
WAUWATOSAState
WIZip Code
53222Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SB30B.I18714

Amount of Each Disbursement this Period

121.88

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

464.63

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JAMES FENLEY

Mailing Address 406 BOWLAVARD AVENUE

City
BELLEVILLEState
WIZip Code
53508Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18849

Amount of Each Disbursement this Period

234.08

Full Name (Last, First, Middle Initial)

B. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City
ANN ARBORState
MIZip Code
48106Purpose of Disbursement
FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SB30B.I18853

Amount of Each Disbursement this Period

16.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City
GREENFIELDState
WIZip Code
53220Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SB30B.I18531

Amount of Each Disbursement this Period

62.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

296.38

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City	State	Zip Code
GREENFIELD	WI	53220

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18546

Amount of Each Disbursement this Period

969.69

Full Name (Last, First, Middle Initial)

B. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City	State	Zip Code
GREENFIELD	WI	53220

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18547

Amount of Each Disbursement this Period

969.68

Full Name (Last, First, Middle Initial)

C. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City	State	Zip Code
GREENFIELD	WI	53220

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18722

Amount of Each Disbursement this Period

380.33

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2319.70

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB30B.I18725

Amount of Each Disbursement this Period

25.28

[MEMO ITEM]

B. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB30B.I18726

Amount of Each Disbursement this Period

71.90

[MEMO ITEM]

C. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB30B.I18728

Amount of Each Disbursement this Period

81.58

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DARLA FLEMMING

Mailing Address 5001 S 69TH STREET

City
GREENFIELDState
WIZip Code
53220Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18857

Amount of Each Disbursement this Period

147.17

B. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 702 SW 8TH STREET

City
BENTONVILLEState
ARZip Code
72716Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

Transaction ID : SB30B.I18859

Amount of Each Disbursement this Period

16.88

[MEMO ITEM]

C. WALMART

Full Name (Last, First, Middle Initial)

Mailing Address 702 SW 8TH STREET

City
BENTONVILLEState
ARZip Code
72716Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		20		2014

Transaction ID : SB30B.I18860

Amount of Each Disbursement this Period

42.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

147.17

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SB30B.I18861

Amount of Each Disbursement this Period

12.17

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City	State	Zip Code
MADISON	WI	53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18548

Amount of Each Disbursement this Period

585.50

Full Name (Last, First, Middle Initial)

C. JOHN FOSTER

Mailing Address 2416 E WASHINGTON AVENUE

City	State	Zip Code
MADISON	WI	53704

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18549

Amount of Each Disbursement this Period

608.72

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1194.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City	State	Zip Code
TULSA	OK	74133

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18449

Amount of Each Disbursement this Period

944.07

Full Name (Last, First, Middle Initial)

B. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City	State	Zip Code
TULSA	OK	74133

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18550

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

C. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City	State	Zip Code
TULSA	OK	74133

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18731

Amount of Each Disbursement this Period

62.90

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1951.05

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SYDNEY FUQUA

Mailing Address 8504 E 94TH STREET

City
TULSAState
OKZip Code
74133Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18865

Amount of Each Disbursement this Period

62.54

Full Name (Last, First, Middle Initial)

B. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City
ANN ARBORState
MIZip Code
48106Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2014

Transaction ID : SB30B.I18867

Amount of Each Disbursement this Period

13.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18866

Amount of Each Disbursement this Period

16.11

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.54

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BEN GILES

Mailing Address 1510 TRIPP CIRCLE

City MADISON	State WI	Zip Code 53706
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18450

Amount of Each Disbursement this Period

203.73

Full Name (Last, First, Middle Initial)

B. BEN GILES

Mailing Address 1510 TRIPP CIRCLE

City MADISON	State WI	Zip Code 53706
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18451

Amount of Each Disbursement this Period

59.10

Full Name (Last, First, Middle Initial)

C. SAMANTHA GILKES

Mailing Address 31 N RANDALL AVENUE

City MADISON	State WI	Zip Code 53715
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18452

Amount of Each Disbursement this Period

238.31

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

501.14

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SAMANTHA GILKES

Mailing Address 31 N RANDALL AVENUE

City	State	Zip Code
MADISON	WI	53715

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18453

Amount of Each Disbursement this Period

321.36

Full Name (Last, First, Middle Initial)

B. ANDREW GOWDY

Mailing Address W279 N5886 WALNUT GROVE DR.

City	State	Zip Code
SUSSEX	WI	53089

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18454

Amount of Each Disbursement this Period

1281.48

Full Name (Last, First, Middle Initial)

C. ANDREW GOWDY

Mailing Address W279 N5886 WALNUT GROVE DR.

City	State	Zip Code
SUSSEX	WI	53089

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18455

Amount of Each Disbursement this Period

1281.49

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2884.33

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARTHA GRAVLEE

Mailing Address 1184 ROCKWOOD ROAD

City	State	Zip Code
COLUMBIA	SC	29209

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18456

Amount of Each Disbursement this Period

1167.40

Full Name (Last, First, Middle Initial)

B. MARTHA GRAVLEE

Mailing Address 1184 ROCKWOOD ROAD

City	State	Zip Code
COLUMBIA	SC	29209

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18457

Amount of Each Disbursement this Period

1167.40

Full Name (Last, First, Middle Initial)

C. MARTHA GRAVLEE

Mailing Address 1184 ROCKWOOD ROAD

City	State	Zip Code
COLUMBIA	SC	29209

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18735

Amount of Each Disbursement this Period

618.54

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2953.34

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18736

Amount of Each Disbursement this Period

618.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MARTHA GRAVLEE

Mailing Address 1184 ROCKWOOD ROAD

City State Zip Code
COLUMBIA SC 29209Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18869

Amount of Each Disbursement this Period

546.25

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18870

Amount of Each Disbursement this Period

521.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

546.25

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City	State	Zip Code
VIRGINIA BEACH	VA	23464

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18458

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

B. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City	State	Zip Code
VIRGINIA BEACH	VA	23464

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18459

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

C. BENJAMIN HEATH

Mailing Address 5088 LANGSTON COURT

City	State	Zip Code
VIRGINIA BEACH	VA	23464

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18737

Amount of Each Disbursement this Period

948.98

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3181.38

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18748

Amount of Each Disbursement this Period

638.66

[MEMO ITEM]

B. DONNA K. HEIMBACH

Full Name (Last, First, Middle Initial)

Mailing Address 3002 DIANNE DRIVE

City State Zip Code
MIDDLETON WI 53562-2425Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18460

Amount of Each Disbursement this Period

462.25

C. DONNA K. HEIMBACH

Full Name (Last, First, Middle Initial)

Mailing Address 3002 DIANNE DRIVE

City State Zip Code
MIDDLETON WI 53562-2425Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18461

Amount of Each Disbursement this Period

512.14

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

974.39

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. ANDREA HELLENBRAND

Category/
Type

1262.71

State: District:

B. ANDREA HELLENBRAND

MM / DD / YYYY

Category/
Type

1262.73

State: District:

C. ANDREA HELLENBRAND

Category/
Type

Age Group	Percentage
18-24	19.60
25-34	12.50
35-44	10.50
45-54	10.50
55-64	10.50
65-74	10.50
75-84	10.50
85+	10.50

State: District:

2545.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City	State	Zip Code
KEWASKUM	WI	53040

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18465

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

B. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City	State	Zip Code
KEWASKUM	WI	53040

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18466

Amount of Each Disbursement this Period

822.90

Full Name (Last, First, Middle Initial)

C. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City	State	Zip Code
KEWASKUM	WI	53040

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18751

Amount of Each Disbursement this Period

317.49

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2084.47

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : SB30B.I18765

Amount of Each Disbursement this Period

30.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : SB30B.I18766

Amount of Each Disbursement this Period

44.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : SB30B.I18767

Amount of Each Disbursement this Period

30.83

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SODA

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SB30B.I18752

Amount of Each Disbursement this Period

23.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : SB30B.I18763

Amount of Each Disbursement this Period

29.31

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CHRIS JENKYNS

Mailing Address 463 PARK PLACE

City	State	Zip Code
KEWASKUM	WI	53040

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18872

Amount of Each Disbursement this Period

243.99

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

243.99

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

Transaction ID : SB30B.I18876

Amount of Each Disbursement this Period

44.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SB30B.I18877

Amount of Each Disbursement this Period

40.43

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City	State	Zip Code
ANN ARBOR	MI	48106

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SB30B.I18878

Amount of Each Disbursement this Period

51.46

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SB30B.I18873

Amount of Each Disbursement this Period

20.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City State Zip Code
BENTONVILLE AR 72716

Purpose of Disbursement
OFFICE SODA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : SB30B.I18875

Amount of Each Disbursement this Period

15.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. WALMART

Mailing Address 702 SW 8TH STREET

City State Zip Code
BENTONVILLE AR 72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SB30B.I18879

Amount of Each Disbursement this Period

23.48

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SB30B.I18880

Amount of Each Disbursement this Period

16.41

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRIAN KIND

Mailing Address 405 DORAL COURT

City	State	Zip Code
WAUNAKEE	WI	53597

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18467

Amount of Each Disbursement this Period

658.37

Full Name (Last, First, Middle Initial)

C. BRIAN KIND

Mailing Address 405 DORAL COURT

City	State	Zip Code
WAUNAKEE	WI	53597

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18468

Amount of Each Disbursement this Period

658.36

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1316.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSEF LEVERATTO

Mailing Address 16011 VIA SOLA

City	State	Zip Code
LAKE ELSINARE	CA	92530

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18469

Amount of Each Disbursement this Period

1288.32

Full Name (Last, First, Middle Initial)

B. JOSEF LEVERATTO

Mailing Address 16011 VIA SOLA

City	State	Zip Code
LAKE ELSINARE	CA	92530

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18470

Amount of Each Disbursement this Period

1288.31

Full Name (Last, First, Middle Initial)

C. LARRY F. LOOMIS

Mailing Address 762 BRIAR LN

City	State	Zip Code
BELOIT	WI	53511

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18471

Amount of Each Disbursement this Period

501.81

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3078.44

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LARRY F. LOOMIS

Mailing Address 762 BRIAR LN

City	State	Zip Code
BELOIT	WI	53511

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18472

Amount of Each Disbursement this Period

681.80

Full Name (Last, First, Middle Initial)

B. ALEXANDER MANDRY

Mailing Address 513 LEWIS STREET

City	State	Zip Code
BURLINGTO	WI	53105

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18473

Amount of Each Disbursement this Period

310.13

Full Name (Last, First, Middle Initial)

C. ALEXANDER MANDRY

Mailing Address 513 LEWIS STREET

City	State	Zip Code
BURLINGTO	WI	53105

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18474

Amount of Each Disbursement this Period

493.16

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1485.09

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City
WAUKESHAState
WIZip Code
53186Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18475

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

B. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City
WAUKESHAState
WIZip Code
53186Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18476

Amount of Each Disbursement this Period

1116.20

Full Name (Last, First, Middle Initial)

C. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City
WAUKESHAState
WIZip Code
53186Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18770

Amount of Each Disbursement this Period

171.09

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2403.49

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18771

Amount of Each Disbursement this Period

109.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CHRIS MARTIN

Mailing Address 100 CORRINA BOULEVARD

City State Zip Code
WAUKESHA WI 53186Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18882

Amount of Each Disbursement this Period

44.82

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18883

Amount of Each Disbursement this Period

44.82

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 159 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. STEPHEN MEYER

Mailing Address 4418 N STOWELL AVENUE

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18477

Amount of Each Disbursement this Period

995.28

Full Name (Last, First, Middle Initial)

B. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City EAU CLAIRE	State WI	Zip Code 54701
--------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18478

Amount of Each Disbursement this Period

1434.83

Full Name (Last, First, Middle Initial)

C. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City EAU CLAIRE	State WI	Zip Code 54701
--------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18479

Amount of Each Disbursement this Period

1434.82

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3864.93

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MARK MORGAN

Mailing Address 2408 SESSIONS ST

City	State	Zip Code
EAU CLAIRE	WI	54701

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18773

Amount of Each Disbursement this Period

37.21

Full Name (Last, First, Middle Initial)

B. OFFICE MAX

Mailing Address 7341 WEST TOWNE WAY

City	State	Zip Code
MADISON	WI	53719

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	03	/	2014

Transaction ID : SB30B.I18774

Amount of Each Disbursement this Period

37.21

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HANNAH O' CONNOR

Mailing Address 2200 MEADOW GREEN

City	State	Zip Code
STOUGHTON	WI	53589

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18483

Amount of Each Disbursement this Period

797.29

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

834.50

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. HANNAH O' CONNOR

Mailing Address 2200 MEADOW GREEN

City
STOUGHTONState
WIZip Code
53589Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18484

Amount of Each Disbursement this Period

944.08

Full Name (Last, First, Middle Initial)

B. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City
OSHKOSHState
WIZip Code
54901Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18485

Amount of Each Disbursement this Period

944.06

Full Name (Last, First, Middle Initial)

C. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City
OSHKOSHState
WIZip Code
54901Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18486

Amount of Each Disbursement this Period

944.08

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2832.22

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City
OSHKOSHState
WIZip Code
54901Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18775

Amount of Each Disbursement this Period

257.65

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18780

Amount of Each Disbursement this Period

53.03

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. REBECCA OLSON

Mailing Address 614 SCOTT AVENUE

City
OSHKOSHState
WIZip Code
54901Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18884

Amount of Each Disbursement this Period

108.62

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

366.27

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18885

Amount of Each Disbursement this Period

55.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ELISE OTTEN

Mailing Address 1123 BRIAR CLIFF TRAIL

City State Zip Code
BROOKFIELD WI 53045Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18487

Amount of Each Disbursement this Period

280.74

Full Name (Last, First, Middle Initial)

C. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City State Zip Code
MILWAUKEE WI 53212Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18488

Amount of Each Disbursement this Period

1820.42

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2101.16

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18489

Amount of Each Disbursement this Period

1820.42

Full Name (Last, First, Middle Initial)

B. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18784

Amount of Each Disbursement this Period

118.56

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18785

Amount of Each Disbursement this Period

118.56

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1938.98

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ORLANDO OWENS

Mailing Address 3177 N BUFFUM STREET

City	State	Zip Code
MILWAUKEE	WI	53212

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18888

Amount of Each Disbursement this Period

89.73

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City	State	Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18889

Amount of Each Disbursement this Period

89.73

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SCOTT R. POOLE

Mailing Address 1528 SELLERY STREET

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18490

Amount of Each Disbursement this Period

86.64

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

176.37

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. SCOTT R. POOLE

Mailing Address 1528 SELLERY STREET

City
MIDDLETONState
WIZip Code
53562Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18491

Amount of Each Disbursement this Period

370.59

Full Name (Last, First, Middle Initial)

B. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City
MOSINEEState
WIZip Code
54455Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18492

Amount of Each Disbursement this Period

990.27

Full Name (Last, First, Middle Initial)

C. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City
MOSINEEState
WIZip Code
54455Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18493

Amount of Each Disbursement this Period

469.73

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1830.59

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 167 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City	State	Zip Code
MOSINEE	WI	54455

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18494

Amount of Each Disbursement this Period

603.47

Full Name (Last, First, Middle Initial)

B. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City	State	Zip Code
MOSINEE	WI	54455

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18786

Amount of Each Disbursement this Period

288.01

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18787

Amount of Each Disbursement this Period

185.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

891.48

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 168 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. GREG QUELLA

Mailing Address 2209 COUNTY ROAD KK

City
MOSINEEState
WIZip Code
54455Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18890

Amount of Each Disbursement this Period

127.04

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18891

Amount of Each Disbursement this Period

94.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City
OSCEOLAState
WIZip Code
54020Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SB30B.I18464

Amount of Each Disbursement this Period

254.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

381.29

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City	State	Zip Code
OSCEOLA	WI	54020

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18495

Amount of Each Disbursement this Period

1667.74

Full Name (Last, First, Middle Initial)

B. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City	State	Zip Code
OSCEOLA	WI	54020

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18496

Amount of Each Disbursement this Period

944.07

Full Name (Last, First, Middle Initial)

C. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City	State	Zip Code
OSCEOLA	WI	54020

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18794

Amount of Each Disbursement this Period

111.08

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2722.89

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 170 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JASON RECTOR

Mailing Address 1902 40TH AVENUE

City	State	Zip Code
OSCEOLA	WI	54020

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18893

Amount of Each Disbursement this Period

166.07

Full Name (Last, First, Middle Initial)

B. WALMART

Mailing Address 702 SW 8TH STREET

City	State	Zip Code
BENTONVILLE	AR	72716

Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

Transaction ID : SB30B.I18899

Amount of Each Disbursement this Period

20.52

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LINDA RICHARDS

Mailing Address 652 TOWER DRIVE

City	State	Zip Code
SUN PRAIRIE	WI	53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18497

Amount of Each Disbursement this Period

56.23

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

222.30

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LINDA RICHARDS

Mailing Address 652 TOWER DRIVE

City	State	Zip Code
SUN PRAIRIE	WI	53590

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18498

Amount of Each Disbursement this Period

187.10

Full Name (Last, First, Middle Initial)

B. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18499

Amount of Each Disbursement this Period

1411.20

Full Name (Last, First, Middle Initial)

C. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City	State	Zip Code
MADISON	WI	53717

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18500

Amount of Each Disbursement this Period

1411.29

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3009.59

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City
MADISONState
WIZip Code
53717Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18800

Amount of Each Disbursement this Period

254.50

Category/
Type

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18801

Amount of Each Disbursement this Period

254.50

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. LANE RUHLAND

Mailing Address 1044 N HIGH POINT ROAD

City
MADISONState
WIZip Code
53717Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18900

Amount of Each Disbursement this Period

98.70

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

353.20

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18901

Amount of Each Disbursement this Period

98.70

[MEMO ITEM]

B. CHRIS SCHAEFER

Full Name (Last, First, Middle Initial)

Mailing Address 1338 W 4TH STREET

City State Zip Code
KIMBERLY WI 54136Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18501

Amount of Each Disbursement this Period

944.08

C. CHRIS SCHAEFER

Full Name (Last, First, Middle Initial)

Mailing Address 1338 W 4TH STREET

City State Zip Code
KIMBERLY WI 54136Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18502

Amount of Each Disbursement this Period

944.07

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1888.15

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. CHRIS SCHAEFER

Mailing Address 1338 W 4TH STREET

City
KIMBERLYState
WIZip Code
54136Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18802

Amount of Each Disbursement this Period

291.73

Full Name (Last, First, Middle Initial)

B. MILEAGE

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18803

Amount of Each Disbursement this Period

17.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City
MADISONState
WIZip Code
53719Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18503

Amount of Each Disbursement this Period

1820.42

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2112.15

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JONATHAN SCHMIEDER

Mailing Address 3117 STRATTON WAY, APT 207

City	State	Zip Code
MADISON	WI	53719

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18504

Amount of Each Disbursement this Period

1820.42

Full Name (Last, First, Middle Initial)

B. COOPER SMITH

Mailing Address 20815 GLEN COVE

City	State	Zip Code
GARDEN RIDGE	TX	78266

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18505

Amount of Each Disbursement this Period

945.00

Full Name (Last, First, Middle Initial)

C. COOPER SMITH

Mailing Address 20815 GLEN COVE

City	State	Zip Code
GARDEN RIDGE	TX	78266

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18506

Amount of Each Disbursement this Period

944.99

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3710.41

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. COOPER SMITH

Mailing Address 20815 GLEN COVE

City	State	Zip Code
GARDEN RIDGE	TX	78266

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18813

Amount of Each Disbursement this Period

56.11

Full Name (Last, First, Middle Initial)

B. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City	State	Zip Code
MADISON	WI	53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SB30B.I18815

Amount of Each Disbursement this Period

13.69

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. OFFICE DEPOT

Mailing Address 676 S WHITNEY WAY

City	State	Zip Code
MADISON	WI	53711

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		03		2014

Transaction ID : SB30B.I18816

Amount of Each Disbursement this Period

8.75

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

56.11

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. COOPER SMITH

Mailing Address 20815 GLEN COVE

City	State	Zip Code
GARDEN RIDGE	TX	78266

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18902

Amount of Each Disbursement this Period

108.45

Full Name (Last, First, Middle Initial)

B. CARL STOLTE

Mailing Address 3519 ROMA LANE

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18507

Amount of Each Disbursement this Period

254.44

Full Name (Last, First, Middle Initial)

C. CARL STOLTE

Mailing Address 3519 ROMA LANE

City	State	Zip Code
MIDDLETON	WI	53562

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18508

Amount of Each Disbursement this Period

241.10

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

603.99

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. WILL THOMPSON

Mailing Address 1007 N CASS STREET

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18511

Amount of Each Disbursement this Period

995.28

Full Name (Last, First, Middle Initial)

B. WILL THOMPSON

Mailing Address 1007 N CASS STREET

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18512

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

C. WILL THOMPSON

Mailing Address 1007 N CASS STREET

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18820

Amount of Each Disbursement this Period

206.06

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2196.61

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. BEN TUSHAUS

Mailing Address 3200 MARTI LANE

City
BROOKFIELDState
WIZip Code
53045Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18835

Amount of Each Disbursement this Period

69.98

Full Name (Last, First, Middle Initial)

B. DOMINO'S PIZZA

Mailing Address 30 FRANK LLOYD WRIGHT DRIVE

City
ANN ARBORState
MIZip Code
48106Purpose of Disbursement
VOLUNTEER FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : SB30B.I18836

Amount of Each Disbursement this Period

29.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JOSSELYN VALASQUEZ

Mailing Address 614 LANGDON STREET

City
MADISONState
WIZip Code
53703Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18515

Amount of Each Disbursement this Period

229.02

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

299.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ALEXANDER WALKER

Mailing Address 520 N 68TH STREET

City WAUWATOSA	State WI	Zip Code 53213
-------------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18516

Amount of Each Disbursement this Period

405.60

Full Name (Last, First, Middle Initial)

B. JOSHUA D. WILSON

Mailing Address 641 W. MAIN STREET

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Transaction ID : SB30B.I18517

Amount of Each Disbursement this Period

494.38

Full Name (Last, First, Middle Initial)

C. JOSHUA D. WILSON

Mailing Address 641 W. MAIN STREET

City MADISON	State WI	Zip Code 53703
-----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SB30B.I18518

Amount of Each Disbursement this Period

520.67

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1420.65

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City	State	Zip Code
STEVENS POINT	WI	54482

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18519

Amount of Each Disbursement this Period

1751.87

Full Name (Last, First, Middle Initial)

B. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City	State	Zip Code
STEVENS POINT	WI	54482

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18520

Amount of Each Disbursement this Period

995.27

Full Name (Last, First, Middle Initial)

C. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City	State	Zip Code
STEVENS POINT	WI	54482

Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18818

Amount of Each Disbursement this Period

6.58

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2753.72

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. JOSHUA ZDROIK

Mailing Address 756 BUS LANE

City
STEVENS POINTState
WIZip Code
54482Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Transaction ID : SB30B.I18913

Amount of Each Disbursement this Period

56.15

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City
HAUPPAUGEState
NYZip Code
11788Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18422

Amount of Each Disbursement this Period

7601.10

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Mailing Address 140 FELL COURT

City
HAUPPAUGEState
NYZip Code
11788Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SB30B.I18423

Amount of Each Disbursement this Period

286.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7943.50

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18424

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

8	0	.	0	3
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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18425

Purpose of Disbursement
PAYROLL PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

8	6	.	0	0
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Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18426

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

8	0	9	8	.	9	8
---	---	---	---	---	---	---

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8	1	9	5	.	8	1
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8	1	9	5	.	8	1
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18427

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

305.26

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18428

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

10.83

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18429

Purpose of Disbursement
PAYROLL PROCESSING FEE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

86.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

402.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18430

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6358.55

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18431

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

4386.02

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Transaction ID : SB30B.I18432

Purpose of Disbursement
PAYROLL TAX

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

576.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11320.57

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Category/
Type

Transaction ID : SB30B.I18433

Amount of Each Disbursement this Period

86.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.I18434

Amount of Each Disbursement this Period

5639.59

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.I18435

Amount of Each Disbursement this Period

4386.11

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10111.70

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 188 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.I18436

Amount of Each Disbursement this Period

536.83

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Category/
Type

Transaction ID : SB30B.I18437

Amount of Each Disbursement this Period

89.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.I18438

Amount of Each Disbursement this Period

143.43

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

769.26

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 189 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.I18917

Amount of Each Disbursement this Period

90.75

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. ACCOUNTANTS WORLD PAYROLL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2014

Mailing Address 140 FELL COURT

City	State	Zip Code
HAUPPAUGE	NY	11788

Purpose of Disbursement
PAYROLL TAX

Candidate Name

Category/
Type

Transaction ID : SB30B.I18918

Amount of Each Disbursement this Period

1362.31

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2014

Mailing Address BOX 6164

City	State	Zip Code
INDIANAPOLIS	IN	46206-6164

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Candidate Name

Category/
Type

Transaction ID : SB30B.I18439

Amount of Each Disbursement this Period

90.96

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1544.02

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 190 OF 192

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Full Name (Last, First, Middle Initial)

A. AMERICAN FUNDS SERVICE COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2014

Mailing Address BOX 6164

City	State	Zip Code
INDIANAPOLIS	IN	46206-6164

Transaction ID : SB30B.I18440

Purpose of Disbursement
EMPLOYEE SIMPLE IRA

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

75.80

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. ASSURANT EMPLOYEE BENEFITS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2014

Mailing Address P.O. BOX 807009

City	State	Zip Code
KANSAS CITY	MO	64184

Transaction ID : SB30B.I18441

Purpose of Disbursement
EMPLOYEE BENEFITS

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

178.54

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. DELTA DENTAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

Mailing Address P.O. BOX 828

City	State	Zip Code
STEVENS POINT	WI	54481

Transaction ID : SB30B.I18442

Purpose of Disbursement
DENTAL INSURANCE

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

117.25

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

371.59

	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Republican Party of Wisconsin

A. EMPLOYEE BENEFITS CORPORATION

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '06' with two squares above it. The second display shows '04' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : SB30B.I18443

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

44.47

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

44.47

138716.57

SCHEDULE H1 (FEC Form 3X)**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Transaction ID : MEC071614A

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- ☒ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐